



the animation guild  
IATSE LOCAL 839

# Auto-Enrollment Opt-Out Request

## The Animation Guild 401(k) Plan

### Plan # 094523

### I. Member Information

Last 4 of SSN#  Marital Status:  Married  Single or legally separated

Name     
First Name Middle Initial Last Name

Address

City  State  Zip

Date of Birth:  Personal Email:

Daytime Phone #:  Evening Phone #:

Studio Name:

Hire date:  Project Name:

### II. Opt-Out Directions

I do not wish to be automatically enrolled in the TAG 401(k) Plan.

Signature of Participant

Date

Mail to:  
T.A.G. 401(k) Plan  
1105 N. Hollywood Way  
Burbank, CA 91505  
FAX: 818-843-0300  
Email: 401k@tag839.org

Please make a copy for your records.

(10/04/2018)

[Connect with TAG](#) >

[animationguild.org](http://animationguild.org) > 818-845-7500